STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

CTF NURSE PAID HOURS VERIFICATION WORKSHEET

| MONTH: | | | | GROUP HOME: | | | | | | | | | | | | |
|-----------------------------------|----------------------------|-----------------------------|---------------|-----------------------------|---------------|------------------------|---------------|------------------------|---------------|-------|-------------------|---------|----------------------|------------|--|--|
| CCS/FIRST LINE SUPERVISOR NAME | SR 2A HOURS REPORTED | REPORTED TIME CARD HOURS | | VERIFIED TIME CARD HOURS | | REPORTED PAID HOURS | | VERIFIED PAID HOURS | | GROSS | AUDITED HOURLY | | AUDITED DIFF.FROM | COMMENTS * | | |
| | | 1st Period | 2nd Period | 1st Period | 2nd Period | 1st Period | 2nd Period | 1st Period | 2nd Period | PAID | RATE | ALLOWED | SR 2A | | | |
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*LEGEND

1. Per Payroll Hours

TOTAL

- 2. Per time card hours
- 3. 54-hour limitation
- 4. Did not meet CCL requirements
- 5. Minimum wage requirement
- 6. No allocation between functions